

1.) CORPORATION NAME:

Lexon Insurance Company

DUE DATE: **5/31/2011**

SCC ID NO: **F1424425**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10002 SHELBYVILLE RD
STE 100

CITY/ST/ZIP: LOUISVILLE, KY 40223-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: DAVID E CAMPBELL
TITLE: PRESIDENT
ADDRESS: 256 JACKSON MEADOWS DR
STE 201
CITY/ST/ZIP/CO: HERMITAGE, TN 37076-

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OFFICER

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DIRECTOR

NAME: ROSE M CULBERTSON
TITLE: T/VP/ASST SEC
ADDRESS: 10002 SHELBYVILLE ROAD
STE 100
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

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OFFICER

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DIRECTOR

NAME: P GREGORY LAUER
TITLE: VP-CFO/ASST S-T
ADDRESS: 10002 SHELBYVILLE RD
SUITE 100
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

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OFFICER

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DIRECTOR

NAME: DONALD D BUCHANAN
TITLE: SECRETARY
ADDRESS: 10000 SHELBYVILLE ROAD SUITE 100
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

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OFFICER

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DIRECTOR

NAME: THOMAS A DIERUF
TITLE: CHAIRMAN
ADDRESS: 10000 SHELBYVILLE ROAD
STE 100
CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </div> GREGORY EUGENE SEMROW PRESIDENT 256 JACKSON MEADOWS DR STE 201 HERMITAGE, TN 37076-
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </div> CAROL LYNN FRITZ VICE PRESIDENT 256 JACKSON MEADOWS DR STE 201 HERMITAGE, TN 37076-
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </div> CRAIG HUNT KRAHL VICE PRESIDENT 256 JACKSON MEADOWS DR STE 201 HERMITAGE, TN 37076-
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </div> JAMES ANTHONY PATTERSON II DIRECTOR 10000 SHELBYVILLE RD STE 100 LOUISVILLE, KY 40223-
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	<div style="text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </div> SCOTT EDWARD CANTLON VICE PRESIDENT 631 SHUTE LANE OLD HICKORY, TN 37138-
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
<u>/s/ ROSE M CULBERTSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<div style="display: flex; justify-content: space-between;"> <div> ROSE M CULBERTSON, <u>T/VP/ASST SEC</u> PRINTED NAME AND CORPORATE TITLE </div> <div> <u>4/5/2011</u> DATE </div> </div>
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	